

Case 3:25-cv-00443 Document 1 Filed 04/18/25 Page 1 of 51 PageID #: 1

5. Vanderbilt's principal place of business is in Nashville, Davidson County, Tennessee.

6. Vanderbilt can be served with process via its Registered Agent, National Registered Agents, Inc., 300 Montvue Road, Knoxville, TN 37919-5546.

7. Dr. Daniel Barocas ("Dr. Barocas") is a medical doctor, and he was employed by Vanderbilt at all times referenced herein.

8. Vanderbilt and Dr. Barocas were properly served with a copy of this Complaint.

9. Through its employees and agents, Vanderbilt provided care and treatment to the decedent, including during the May 29, 2024 surgery ("the surgery") referenced herein, in Davidson County, Tennessee.

10. At all times referenced herein, the health care providers who provided care and treatment to Mr. Ryan during the surgery were employees and/or agents of Vanderbilt.

11. At the time of the matters contained in this Complaint, Vanderbilt and Vanderbilt's employees and agents had healthcare provider-patient relationships with Mr. Ryan.

12. The Court has jurisdiction over this matter via diversity jurisdiction under 28 U.S.C. §1332.

### **FACTS AND CLAIMS**

13. On May 29, 2024, Dr. Barocas performed a surgery on Mr. Ryan ("the surgery") at Vanderbilt. The surgery included (1) a robot-assisted laparoscopic prostatectomy (RALP) and (2) a robot-assisted laparoscopic bilateral pelvic lymphadenectomy.

14. The surgery also involved a surgical resident, Dr. Olutiwa Akinsola ("Dr. Akinsola").

15. Dr. Barocas was responsible for supervising Dr. Akinsola during the surgery.

16. During the surgery, a clip was placed on Mr. Ryan's obturator nerve during the pelvic lymph node dissection portion of the surgery ("the wrongly placed surgical clip"). This clip placement should not have occurred during the surgery.

17. Dr. Barocas placed the clip on Mr. Ryan's obturator nerve.

18. After the clip was mistakenly placed on the obturator nerve, someone involved in the surgery cut across approximately 40% of the diameter of the obturator nerve, which was not something that should have occurred during the surgery.

19. Dr. Barocas is the person who cut across approximately 40% of the diameter of Mr. Ryan's obturator nerve.

20. The wrongly placed surgical clip caused an injury to Mr. Ryan's obturator nerve.

21. The surgical cutting of the obturator nerve caused an injury to Mr. Ryan's obturator nerve.

22. The placement of the surgical clip on the obturator nerve and the cutting of the obturator nerve combined to cause injury to Mr. Ryan's obturator nerve.

23. Mr. Ryan has had no improvement regarding his obturator nerve injury, including as seen by Dr. Barocas during at least one post-operative office visit.

24. The injury to Mr. Ryan's obturator nerve is likely permanent.

25. In November 2024, Dr. Barocas signed disability documents for Mr. Ryan regarding the obturator nerve injury ("the disability documents").

26. Dr. Barocas was accurate and honest with regard to what Dr. Barocas stated and attested to in the disability documents he signed for Mr. Ryan in November 2024.

27. Vanderbilt, including through its employees and agents, and including, but not limited to, Dr. Barocas, owed Mr. Ryan a duty to provide appropriate care and treatment that was

acceptable under the recognized standard of acceptable professional practice (“standard of care”), including during the time in question.

28. Vanderbilt and its employees and/or agents, including, but not limited to, Dr. Barocas, were negligent / failed to comply with the applicable recognized standard of acceptable professional practice in not providing appropriate care and treatment to Mr. Ryan, including, but not limited to, (a) negligently placing a surgical clip on the obturator nerve, (b) negligently cutting the obturator nerve, (c) negligently failing to properly identify the relevant anatomy, and specifically the obturator nerve, to avoid causing injury to it via clipping it and cutting it, and (d) failing to properly supervise other providers involved in the surgery.

29. As a result of the negligence described herein, Mr. Ryan suffered an injury to his obturator nerve.

30. Vanderbilt is legally responsible for the negligence of its employees via the legal theory of *respondeat superior*.

31. Vanderbilt is legally responsible for the negligence of its agents via the legal theory of vicarious liability.

32. As a direct and proximate result of the failures to comply with the applicable standard of care as described herein, Mr. Ryan suffered a personal injury and damages. The corresponding injuries and damages include, but are not limited to: physical pain and suffering, permanent impairment, emotional pain and suffering, lost earning capacity, lost earnings, loss of enjoyment of life, and all other damages available in this personal injury action, all of which would not otherwise have incurred absent the negligence described herein.



**TENN. CODE ANN. §29-26-121**

33. The requirements of Tenn. Code Ann. §29-26-121 do not apply in federal court actions. *Galaz v. Warren County*, 2023 U.S. Dist. LEXIS 59969, \*8-9 (E.D. Tenn. Apr. 5, 2023) (citing *Albright v. Christensen*, 24 F.4th 1039 (6<sup>th</sup> Cir. 2022)). Nonetheless, the Plaintiff, through counsel, complied with the provisions of Tenn. Code Ann. §29-26-121 requiring individuals asserting a potential health care liability claim to give written notice of such potential claim to each health care provider that will be a named Defendant at least 60 days prior to filing a complaint (“Notice” or “Pre-Suit Notice”). On or around February 6, 2025, Notice was sent to the Defendants in accordance with Tenn. Code Ann. §29-26-121. The Affidavit of Brian Cummings and supporting documentation demonstrating compliance are attached to this Complaint as **Exhibit 1**.

34. The Notice was mailed to the Defendants via certified mail less than one year from the time the care and treatment provided herein occurred.

35. The Complaint was filed more than 60 days after the Defendants were sent Notice via certified mail.

36. The Notice described herein was provided within the applicable period of time.

37. This suit is timely filed before the applicable statute of limitations expired.

38. The Defendants had the opportunity to review the facts of this matter between the time of sending out of Pre-Suit Notice and the filing of this Complaint. No agent or representative for the Defendants ever communicated to counsel for the Plaintiff any inability or problem with obtaining or reviewing the pertinent medical records, which counsel for the Plaintiff provided access to via an appropriate, HIPAA-compliant release for the Defendants to obtain, and no communication was made on behalf of the Defendants that any person or entity who was not sent Pre-Suit Notice may be responsible or liable for the decedent’s death.

**TENN. CODE ANN. §29-26-122**

39. The requirements of Tenn. Code Ann. §29-26-122 do not apply in federal court actions. *Galaz v. Warren County*, 2023 U.S. Dist. LEXIS 59969, \*8-9 (E.D. Tenn. Apr. 5, 2023) (citing *Albright v. Christensen*, 24 F.4th 1039 (6<sup>th</sup> Cir. 2022)). Nonetheless, in accordance with Tenn. Code Ann. §29-26-122, the Plaintiff's counsel has consulted with one or more experts who provided a signed written statement confirming that upon information and belief they are competent under Tenn. Code Ann. §29-26-115 to express opinions in this case and believe, based on the information available from medical records concerning the care and treatment of the Plaintiff that there is a good faith basis to maintain this action consistent with the requirements of Tenn. Code Ann. §29-26-115. The Certificate of Good Faith demonstrating the same is attached to this Complaint as **Exhibit 2**.

**PRAYER FOR RELIEF**

**WHEREFORE**, the Plaintiff prays for the following relief:

1. That proper process be issued and be served upon the Defendants, and the Defendant be required to appear and answer this Complaint within the time required by law;
2. That the Plaintiff be awarded fair and reasonable damages, including compensatory damages up to \$4,000,000.00;
3. That the Plaintiff be awarded the costs of trying this action;
4. That this action be heard by a jury;
5. That costs of this action be taxed to the Defendants;
6. That the Plaintiff be awarded all and any such other and further relief as the Court deems proper; and,
7. That the Plaintiff's right to amend this Complaint to conform to the evidence be reserved.

**RESPECTFULLY SUBMITTED,**

**/s/ Brian Cummings**

**Brian Cummings, #19354**

Cummings Law

4235 Hillsboro Pike, #300

Nashville, TN 37215

(615) 800-6822 (phone)

(615) 815-1876 (fax)

brian@cummingsinjurylaw.com

*Attorney for the Plaintiff*

# **COLLECTIVE EXHIBIT 1**

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Mailing as included herein, from the U.S. Postal Service to the addresses documented within Collective Exhibit 1.

Further Affiant sayeth not.



BRIAN CUMMINGS

Sworn to and subscribed before me on  
April 18, 2025:



NOTARY PUBLIC

My Commission Expires:





Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option A) or with Physical Return Receipt Service (Option B).

**A** **Certified Mail**  
**WITHOUT Physical Return Receipt Service**  
(No Return Receipt Card)  
Instructions  
1. Apply this label to the TOP EDGE of the mailpiece.  
2. Apply address label below to the CENTER of the mailpiece.

063S0010555000

**\$8.440**  
US POSTAGE IMI  
FIRST-CLASS  
FROM 37215  
02/06/2025

Stamps

**CERTIFIED MAIL**

9414 8118 9956 0511 8313 38

PS Form 3800 6/02

**Brian Cummings**  
**Cummings Law**  
**4235 Hillsboro Pike, Suite 300**  
**Nashville TN 37215-3344**

3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address when used with **A** or Return Address when used with **B**

Vanderbilt Univ. Medical Center  
Attn: C. Wright Pinson, MBA, MD  
1211 Medical Center Dr  
Nashville TN 37232-0004

**CERTIFIED MAIL**

← Fold and Tear →

**B** **Certified Mail**  
**WITH Physical Return Receipt Service**  
(Uses Return Receipt Card)  
Instructions  
1. Apply address label above to the back of this card.  
2. Apply this card to the TOP EDGE of the mailpiece.  
3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

**CERTIFIED MAIL**

**VOID**

**OUTBOUND TRACKING NUMBER**  
9414 8118 9956 0511 8313 38

**ARTICLE ADDRESS TO:**

Vanderbilt Univ. Medical Center  
Attn: C. Wright Pinson, MBA, MD  
1211 Medical Center Dr  
Nashville TN 37232-0004

Postmark Here

**FEES**  
Postage per piece \$3.590  
Certified Fee \$4.850  
Total Postage & Fees: **\$8.440**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to:	■ Ensure items 1, 2, and 3 are completed. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature: ( <input type="checkbox"/> Addressee or <input type="checkbox"/> Agent ) <b>X</b>	C. Date of Delivery
	2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type		Domestic Return Receipt	

# CUMMINGS LAW

Brian Cummings  
Licensed to practice in TN, GA,  
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300  
Nashville, TN 37215

Phone: (615) 319-4347

Fax: (615) 815-1876

February 6, 2025

**VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT**

Vanderbilt Univ. Medical Center  
Attn: C. Wright Pinson, MBA, MD  
1211 Medical Center Dr.  
Nashville, TN 37232

**Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)**

Dear C. Wright Pinson:

I represent John Ryan, Jr. (“Mr. Ryan” or “the patient”) in a health care liability matter that will be filed against Vanderbilt University Medical Center (“Vanderbilt”) and/or Dr. Daniel Barocas (“Dr. Barocas”).

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 (“the surgery”). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan’s obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

\*\*\*\*\*



The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.  
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient)  
1327 Holley Lane  
Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, #300  
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

\*\*\*\*\*

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at [brian@cummingsinjurylaw.com](mailto:brian@cummingsinjurylaw.com) or at 615-319-4347 (cell).

Sincerely,



Brian Cummings

Enclosures

**NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE**  
**PURSUANT TO TENN. CODE ANN. §29-26-121(a)**

<b><u>Provider</u></b>	<b><u>Address – TN Dept of Health</u></b>	<b><u>Current Business Address</u></b>	<b><u>Registered Agent Address</u></b>
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 <sup>st</sup> Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 <b>(Principal Office – TN Sec. State)</b>  3322 West End Ave., #1100 Nashville, TN 37203-1000 <b>(Mailing Address – TN Sec. State)</b>	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 <b>(TN Sec. State)</b>
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

# HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

## SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS

Patient Name: <b>JOHN RYAN, JR.</b>	Date of Birth: [REDACTED]	Social Security Number: [REDACTED]
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To: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents

As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records, (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."

This authorization will expire on the following (fill in the Date or the Event but not both)  
Date: **01-02-2026** Event:

Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121

Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates

I understand that:

1. I may refuse to sign this authorization and it is strictly voluntary.
2. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
4. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.
5. I understand my attorney will receive copies of all records received through this authorization.
6. I, through my attorney, will receive a copy of this form after I sign it.

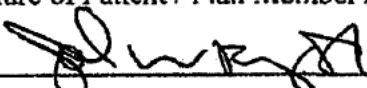
## SECTION B: NOTICE TO PROVIDER AND RECIPIENT

The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.

## SECTION C: SIGNATURES

I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.

Signature of Patient / Plan Member / Guardian / Representative:



Date:

**1/27/25**

Print Name of Guardian / Representative (if applicable):

Relationship to Patient (if applicable):

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232



A

**Certified Mail**  
WITHOUT Physical Return  
Receipt Service  
(No Return Receipt Card)  
Instructions

1. Apply this label to the TOP EDGE of the mailpiece.
2. Apply address label below to the CENTER of the mailpiece.

3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address  
when used with A  
or Return Address  
when used with B

← Fold and Tear →

B

**Certified Mail**  
WITH Physical Return  
Receipt Service  
(Uses Return Receipt Card)  
Instructions

1. Apply address label above to the back of this card.
2. Apply this card to the TOP EDGE of the mailpiece.
3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

063S0010555000

US POSTAGE IMI  
FIRST-CLASS  
FROM 37215  
02/06/2025  
Stamps

Vanderbilt Univ. Medical Center  
1161 21st Ave., S.  
Medical Center North D-3300  
Nashville TN 37232-5545

CERTIFIED MAIL

CERTIFIED MAIL

VOID

CERTIFIED MAIL



9414 8118 9956 0511 8399 07

PS Form 3800 6/02

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, Suite 300  
Nashville TN 37215-3344

OUTBOUND TRACKING NUMBER  
9414 8118 9956 0511 8399 07

**FEES**  
Postage per piece \$3.590  
Certified Fee \$4.850  
Total Postage & Fees: \$8.440

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center  
1161 21st Ave., S.  
Medical Center North D-3300  
Nashville TN 37232-5545

Postmark  
Here

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:		A. Signature: ( <input type="checkbox"/> Addressee or <input type="checkbox"/> Agent )	
■ Ensure items 1, 2, and 3 are completed. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		X	
2. Article Number (Transfer from service label)		B. Received By: (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type	
		Domestic Return Receipt	

PS Form 3811 Facsimile, July 2015 (SDC 3930)

# CUMMINGS LAW

Brian Cummings  
Licensed to practice in TN, GA,  
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300  
Nashville, TN 37215

Phone: (615) 319-4347

Fax: (615) 815-1876

February 6, 2025

**VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT**

Vanderbilt Univ. Medical Center  
1161 21<sup>st</sup> Ave., S.  
Medical Center North D-3300  
Nashville, TN 37232-5545

**Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)**

Dear Vanderbilt University Medical Center:

I represent John Ryan, Jr. (“Mr. Ryan” or “the patient”) in a health care liability matter that will be filed against Vanderbilt University Medical Center (“Vanderbilt”) and/or Dr. Daniel Barocas (“Dr. Barocas”).

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 (“the surgery”). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan’s obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

\*\*\*\*\*



The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.  
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient)  
1327 Holley Lane  
Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, #300  
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

\*\*\*\*\*

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at [brian@cummingsinjurylaw.com](mailto:brian@cummingsinjurylaw.com) or at 615-319-4347 (cell).

Sincerely,



Brian Cummings

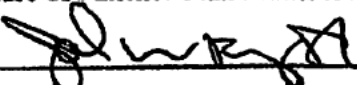
Enclosures

**NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE**  
**PURSUANT TO TENN. CODE ANN. §29-26-121(a)**

<b><u>Provider</u></b>	<b><u>Address – TN Dept of Health</u></b>	<b><u>Current Business Address</u></b>	<b><u>Registered Agent Address</u></b>
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 <sup>st</sup> Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 <b>(Principal Office – TN Sec. State)</b>  3322 West End Ave., #1100 Nashville, TN 37203-1000 <b>(Mailing Address – TN Sec. State)</b>	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 <b>(TN Sec. State)</b>
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	



# HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

<b>SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS</b>		
Patient Name: <b>JOHN RYAN, JR.</b>	Date of Birth: [REDACTED]	Social Security Number: [REDACTED]
To: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents		
As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records, (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."		
This authorization will expire on the following (fill in the Date or the Event but not both) Date: <b>01-02-2026</b> Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
I understand that: <ol style="list-style-type: none"> <li>1. I may refuse to sign this authorization and it is strictly voluntary.</li> <li>2. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise.</li> <li>3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.</li> <li>4. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.</li> <li>5. I understand my attorney will receive copies of all records received through this authorization.</li> <li>6. I, through my attorney, will receive a copy of this form after I sign it.</li> </ol>		
<b>SECTION B: NOTICE TO PROVIDER AND RECIPIENT</b>		
The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.		
<b>SECTION C: SIGNATURES</b>		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative: 		Date: <b>1/27/25</b>
Print Name of Guardian / Representative (if applicable):		Relationship to Patient (if applicable):

<b>RECIPIENTS (Name &amp; Address)</b>	<b>PROVIDERS (Name &amp; Address)</b>
<b>VANDERBILT UNIVERSITY MEDICAL CENTER</b> 1211 Medical Center Drive Nashville, TN 37232	<b>VANDERBILT UNIVERSITY MEDICAL CENTER</b> 1211 Medical Center Drive Nashville, TN 37232
<b>DR. DANIEL BAROCAS</b> 1301 Medical Center Dr., #3800 Nashville, TN 37232	<b>DR. DANIEL BAROCAS</b> 1301 Medical Center Dr., #3800 Nashville, TN 37232



Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option A) or with Physical Return Receipt Service (Option B).

A

**Certified Mail**  
WITHOUT Physical Return  
Receipt Service  
(No Return Receipt Card)  
Instructions

1. Apply this label to the TOP  
EDGE of the mailpiece.
2. Apply address label below  
to the CENTER of the  
mailpiece.

3. Peel the Certified Mail label  
below and fold it over your  
envelope, just above the  
postage so that it covers  
the existing Certified Mail  
marking.

Delivery Address  
when used with A  
or Return Address  
when used with B

← Fold and Tear →

B

**Certified Mail**  
WITH Physical Return  
Receipt Service  
(Uses Return Receipt Card)  
Instructions

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to the back of this card.
2. Apply this card to the TOP  
EDGE of the mailpiece.
3. Peel the Certified Mail label  
above and fold it over your  
envelope, just above the  
postage so that it covers  
the existing Certified Mail  
marking.

063S0010555000



**\$8.440**  
US POSTAGE IMI  
FIRST-CLASS  
FROM 37215  
02/06/2025  
Stamps

Vanderbilt Univ. Medical Center  
3322 West End Ave Ste 1100  
Nashville TN 37203-1000

CERTIFIED MAIL

CERTIFIED MAIL

VOID

CERTIFIED MAIL



9414 8118 9956 0511 0025 85

PS Form 3800 6/02

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, Suite 300  
Nashville TN 37215-3344

OUTBOUND TRACKING NUMBER  
9414 8118 9956 0511 0025 85

**FEES**

Postage per piece \$3.590  
Certified Fee \$4.850  
Total Postage & Fees: **\$8.440**

**ARTICLE ADDRESS TO:**

Vanderbilt Univ. Medical Center  
3322 West End Ave Ste 1100  
Nashville TN 37203-1000

Postmark  
Here

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: ( ☐ Addressee or ☐ Agent )

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

X

B. Received By: (Printed Name)

C. Date of Delivery

1. Article Addressed to:

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

2. Article Number (Transfer from service label)

# CUMMINGS LAW

Brian Cummings  
Licensed to practice in TN, GA,  
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300  
Nashville, TN 37215

Phone: (615) 319-4347

Fax: (615) 815-1876

February 6, 2025

**VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT**

Vanderbilt Univ. Medical Center  
3322 West End Ave., #1100  
Nashville, TN 37203-1000

**Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)**

Dear Vanderbilt University Medical Center:

I represent John Ryan, Jr. (“Mr. Ryan” or “the patient”) in a health care liability matter that will be filed against Vanderbilt University Medical Center (“Vanderbilt”) and/or Dr. Daniel Barocas (“Dr. Barocas”).

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 (“the surgery”). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan’s obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

\*\*\*\*\*



The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.  
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient)  
1327 Holley Lane  
Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, #300  
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

\*\*\*\*\*

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at [brian@cummingsinjurylaw.com](mailto:brian@cummingsinjurylaw.com) or at 615-319-4347 (cell).

Sincerely,



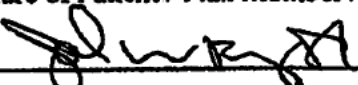
Brian Cummings

Enclosures

**NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE**  
**PURSUANT TO TENN. CODE ANN. §29-26-121(a)**

<b><u>Provider</u></b>	<b><u>Address – TN Dept of Health</u></b>	<b><u>Current Business Address</u></b>	<b><u>Registered Agent Address</u></b>
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 <sup>st</sup> Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 <b>(Principal Office – TN Sec. State)</b>  3322 West End Ave., #1100 Nashville, TN 37203-1000 <b>(Mailing Address – TN Sec. State)</b>	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 <b>(TN Sec. State)</b>
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

# HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

<b>SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS</b>		
Patient Name: <b>JOHN RYAN, JR.</b>	Date of Birth: [REDACTED]	Social Security Number: [REDACTED]
To: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents		
As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records, (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."		
This authorization will expire on the following (fill in the Date or the Event but not both) Date: <b>01-02-2026</b> Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
<p>I understand that:</p> <ol style="list-style-type: none"> <li>1. I may refuse to sign this authorization and it is strictly voluntary.</li> <li>2. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise.</li> <li>3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.</li> <li>4. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.</li> <li>5. I understand my attorney will receive copies of all records received through this authorization.</li> <li>6. I, through my attorney, will receive a copy of this form after I sign it.</li> </ol>		
<b>SECTION B: NOTICE TO PROVIDER AND RECIPIENT</b>		
The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.		
<b>SECTION C: SIGNATURES</b>		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative: 		Date: <b>1/27/25</b>
Print Name of Guardian / Representative (if applicable):		Relationship to Patient (if applicable):

<b>RECIPIENTS (Name &amp; Address)</b>	<b>PROVIDERS (Name &amp; Address)</b>
<b>VANDERBILT UNIVERSITY MEDICAL CENTER</b> 1211 Medical Center Drive Nashville, TN 37232	<b>VANDERBILT UNIVERSITY MEDICAL CENTER</b> 1211 Medical Center Drive Nashville, TN 37232
<b>DR. DANIEL BAROCAS</b> 1301 Medical Center Dr., #3800 Nashville, TN 37232	<b>DR. DANIEL BAROCAS</b> 1301 Medical Center Dr., #3800 Nashville, TN 37232



A

**Certified Mail**

WITHOUT Physical Return Receipt Service

(No Return Receipt Card) Instructions

1. Apply this label to the TOP EDGE of the mailpiece.
2. Apply address label below to the CENTER of the mailpiece.

3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address when used with A or Return Address when used with B

← Fold and Tear →

B

**Certified Mail**

WITH Physical Return Receipt Service

(Uses Return Receipt Card) Instructions

1. Apply address label above to the back of this card.
2. Apply this card to the TOP EDGE of the mailpiece.
3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

063S0010555000

**\$8.440**  
US POSTAGE IMI  
FIRST-CLASS  
FROM 37215  
02/06/2025  
Stamps

Vanderbilt Univ. Medical Center  
c/o National Registered Agents, Inc.  
300 Montvue Rd  
Knoxville TN 37919-5510

**CERTIFIED MAIL**

**CERTIFIED MAIL**

**VOID**

**CERTIFIED MAIL**



9414 8118 9956 0511 8448 64

PS Form 3800 6/02

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, Suite 300  
Nashville TN 37215-3344

**OUTBOUND TRACKING NUMBER**  
9414 8118 9956 0511 8448 64

**FEES**

Postage per piece \$3.590  
Certified Fee \$4.850  
**Total Postage & Fees: \$8.440**

**ARTICLE ADDRESS TO:**

Vanderbilt Univ. Medical Center  
c/o National Registered Agents, Inc.  
300 Montvue Rd  
Knoxville TN 37919-5510

Postmark  
Here

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: ( ☐ Addressee or ☐ Agent )

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**X**

B. Received By: (Printed Name)

C. Date of Delivery

1. Article Addressed to:

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

# CUMMINGS LAW

Brian Cummings  
Licensed to practice in TN, GA,  
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300  
Nashville, TN 37215

Phone: (615) 319-4347  
Fax: (615) 815-1876

February 6, 2025

**VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT**

Vanderbilt Univ. Medical Center  
c/o National Registered Agents, Inc.  
300 Montvue Rd.  
Knoxville, TN 37919-5546

**Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)**

Dear Registered Agent for Vanderbilt University Medical Center:

I represent John Ryan, Jr. (“Mr. Ryan” or “the patient”) in a health care liability matter that will be filed against Vanderbilt University Medical Center (“Vanderbilt”) and/or Dr. Daniel Barocas (“Dr. Barocas”).

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 (“the surgery”). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan’s obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

\*\*\*\*\*



The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.  
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient)  
1327 Holley Lane  
Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, #300  
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

\*\*\*\*\*

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at [brian@cummingsinjurylaw.com](mailto:brian@cummingsinjurylaw.com) or at 615-319-4347 (cell).

Sincerely,



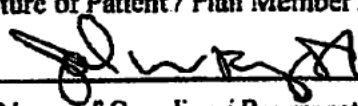
Brian Cummings

Enclosures

**NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE**  
**PURSUANT TO TENN. CODE ANN. §29-26-121(a)**

<b><u>Provider</u></b>	<b><u>Address – TN Dept of Health</u></b>	<b><u>Current Business Address</u></b>	<b><u>Registered Agent Address</u></b>
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 <sup>st</sup> Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 <b>(Principal Office – TN Sec. State)</b>  3322 West End Ave., #1100 Nashville, TN 37203-1000 <b>(Mailing Address – TN Sec. State)</b>	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 <b>(TN Sec. State)</b>
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

# HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

<b>SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS</b>		
Patient Name: <b>JOHN RYAN, JR.</b>	Date of Birth: [REDACTED]	Social Security Number: [REDACTED]
To: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents		
As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records, (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."		
This authorization will expire on the following (fill in the Date or the Event but not both) Date: <b>01-02-2026</b> Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
I understand that: <ol style="list-style-type: none"> <li>1. I may refuse to sign this authorization and it is strictly voluntary.</li> <li>2. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise.</li> <li>3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.</li> <li>4. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.</li> <li>5. I understand my attorney will receive copies of all records received through this authorization.</li> <li>6. I, through my attorney, will receive a copy of this form after I sign it.</li> </ol>		
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<b>SECTION C: SIGNATURES</b>		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative: 		Date: <b>1/27/25</b>
Print Name of Guardian / Representative (if applicable):		Relationship to Patient (if applicable):

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232



Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option A) or with Physical Return Receipt Service (Option B).

A

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(No Return Receipt Card)  
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2. Apply address label below  
to the CENTER of the  
mailpiece.

3. Peel the Certified Mail label  
below and fold it over your  
envelope, just above the  
postage so that it covers  
the existing Certified Mail  
marking.

Delivery Address  
when used with A  
or Return Address  
when used with B

← Fold and Tear →

B

**Certified Mail**  
WITH Physical Return  
Receipt Service  
(Uses Return Receipt Card)  
Instructions

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to the back of this card.
2. Apply this card to the TOP  
EDGE of the mailpiece.
3. Peel the Certified Mail label  
above and fold it over your  
envelope, just above the  
postage so that it covers  
the existing Certified Mail  
marking.

06350010555000



**\$8.440**  
US POSTAGE IMI  
FIRST-CLASS  
FROM 37215  
02/06/2025  
Stamps

Dr. Daniel Barocas  
Vanderbilt Univ. Medical Center  
1301 Medical Center Dr Ste 3800  
Nashville TN 37232-0028

**CERTIFIED MAIL**

**CERTIFIED MAIL**

**VOID**

**CERTIFIED MAIL**



9414 8118 9956 0511 0965 08

PS Form 3800 6/02

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, Suite 300  
Nashville TN 37215-3344

**OUTBOUND TRACKING NUMBER**  
9414 8118 9956 0511 0965 08

**FEES**

Postage per piece \$3.590  
Certified Fee \$4.850  
Total Postage & Fees: **\$8.440**

**ARTICLE ADDRESS TO:**

Dr. Daniel Barocas  
Vanderbilt Univ. Medical Center  
1301 Medical Center Dr Ste 3800  
Nashville TN 37232-0028

Postmark  
Here

**SENDER: COMPLETE THIS SECTION**

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: ( ☐ Addressee or ☐ Agent)

**X**

B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

# CUMMINGS LAW

Brian Cummings  
Licensed to practice in TN, GA,  
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300  
Nashville, TN 37215

Phone: (615) 319-4347

Fax: (615) 815-1876

February 6, 2025

**VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT**

Dr. Daniel Barocas  
Vanderbilt Univ. Medical Center  
1301 Medical Center Dr., Suite 3800  
Nashville, TN 37232

**Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)**

Dear Dr. Barocas:

I represent John Ryan, Jr. (“Mr. Ryan” or “the patient”) in a health care liability matter that will be filed against Vanderbilt University Medical Center (“Vanderbilt”) and/or Dr. Daniel Barocas (“Dr. Barocas”).

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 (“the surgery”). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan’s obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.

\*\*\*\*\*



The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.  
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

John Ryan, Jr. (patient)  
1327 Holley Lane  
Metropolis, IL 62960

The name and address of the attorney sending this notice are:

Brian Cummings  
Cummings Law  
4235 Hillsboro Pike, #300  
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

\*\*\*\*\*

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at [brian@cummingsinjurylaw.com](mailto:brian@cummingsinjurylaw.com) or at 615-319-4347 (cell).

Sincerely,



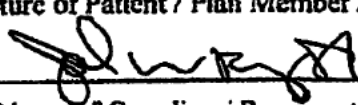
Brian Cummings

Enclosures

**NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE**  
**PURSUANT TO TENN. CODE ANN. §29-26-121(a)**

<b><u>Provider</u></b>	<b><u>Address – TN Dept of Health</u></b>	<b><u>Current Business Address</u></b>	<b><u>Registered Agent Address</u></b>
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson	1161 21 <sup>st</sup> Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545 <b>(Principal Office – TN Sec. State)</b>  3322 West End Ave., #1100 Nashville, TN 37203-1000 <b>(Mailing Address – TN Sec. State)</b>	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 <b>(TN Sec. State)</b>
Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	

# HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

<b>SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS</b>		
Patient Name: <b>JOHN RYAN, JR.</b>	Date of Birth: [REDACTED]	Social Security Number: [REDACTED]
To: Any and all health care providers listed under RECIPIENTS on page 2 of this document, and their representatives, employees, and agents		
As demonstrated by my signature below, I authorize all of the RECIPIENTS listed on Page 2 of this document to obtain all records FOR ALL DATES from the PROVIDERS listed on Page 2 of this document, including, but not limited to, (a) all medical records, (b) all medical billing records, (c) all x-rays, imaging, and corresponding radiology reports, and (d) any other type of records with any type of information."		
This authorization will expire on the following (fill in the Date or the Event but not both)		
Date: <b>01-02-2026</b> Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
I understand that:		
<ol style="list-style-type: none"> <li>1. I may refuse to sign this authorization and it is strictly voluntary.</li> <li>2. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise.</li> <li>3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.</li> <li>4. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.</li> <li>5. I understand my attorney will receive copies of all records received through this authorization.</li> <li>6. I, through my attorney, will receive a copy of this form after I sign it.</li> </ol>		
<b>SECTION B: NOTICE TO PROVIDER AND RECIPIENT</b>		
The purpose of the release of my records is for review by any and all of the Recipients listed on Page 2 of this document. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.		
<b>SECTION C: SIGNATURES</b>		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative: 		Date: <b>1/27/25</b>
Print Name of Guardian / Representative (if applicable):		Relationship to Patient (if applicable):

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232



Each sheet can be used for one Certified Mail piece, which can be sent without Physical Return Receipt Service (Option A) or with Physical Return Receipt Service (Option B).

A

**Certified Mail**  
WITHOUT Physical Return  
Receipt Service

(No Return Receipt Card)  
Instructions

1. Apply this label to the TOP  
EDGE of the mailpiece.
2. Apply address label below  
to the CENTER of the  
mailpiece.

3. Peel the Certified Mail label  
below and fold it over your  
envelope, just above the  
postage so that it covers  
the existing Certified Mail  
marking.

Delivery Address  
when used with A  
or Return Address  
when used with B

← Fold and Tear →

B

**Certified Mail**  
WITH Physical Return  
Receipt Service

(Uses Return Receipt Card)  
Instructions

1. Apply address label above  
to the back of this card.
2. Apply this card to the TOP  
EDGE of the mailpiece.
3. Peel the Certified Mail label  
above and fold it over your  
envelope, just above the  
postage so that it covers  
the existing Certified Mail  
marking.

063S0010555000

**\$8.440**  
US POSTAGE IMI  
FIRST-CLASS  
FROM 37215  
02/06/2025  
Stamps

Dr. Daniel Barocas  
Vanderbilt Univ. Medical Center  
1301 Medical  
3800 The Vanderbilt Clinic  
Nashville, TN 37232

CERTIFIED MAIL

CERTIFIED MAIL

VOID

CERTIFIED MAIL



9414 8118 9956 0511 0218 76

PS Form 3800 6/02

OUTBOUND TRACKING NUMBER  
9414 8118 9956 0511 0218 76

**FEES**

Postage per piece \$3.590  
Certified Fee \$4.850  
Total Postage & Fees: \$8.440

**ARTICLE ADDRESS TO:**

Dr. Daniel Barocas  
Vanderbilt Univ. Medical Center  
3800 The Vanderbilt Clinic  
Nashville TN 37232-0001

Postmark  
Here

**SENDER: COMPLETE THIS SECTION**

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: ( ☐ Addressee or ☐ Agent)

X

B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type

2. Article Number (Transfer from service label)

PS Form 3811 Facsimile, July 2015 (SDC 3930)

Domestic Return Receipt

# CUMMINGS LAW

Brian Cummings  
Licensed to practice in TN, GA,  
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300  
Nashville, TN 37215

Phone: (615) 319-4347  
Fax: (615) 815-1876

February 6, 2025

**VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT**

Dr. Daniel Barocas  
Vanderbilt Univ. Medical Center  
1301 Medical  
3800 The Vanderbilt Clinic  
Nashville, TN 37232

**Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)**

Dear Dr. Barocas:

I represent John Ryan, Jr. (“Mr. Ryan” or “the patient”) in a health care liability matter that will be filed against Vanderbilt University Medical Center (“Vanderbilt”) and/or Dr. Daniel Barocas (“Dr. Barocas”).

Mr. Ryan underwent surgery at Vanderbilt on or around May 29, 2024 (“the surgery”). The surgery included a robotic assisted laparoscopic prostatectomy and a bilateral laparoscopic robotic pelvic lymphadenectomy. During the procedure, Mr. Ryan’s obturator nerve was clipped / severed, and this caused injury and damages to Mr. Ryan. The medical records from Vanderbilt, including the Operative Report, document that the unplanned and mistaken clipping / severing of the obturator nerve occurred during the surgery. The Long Term Disability form signed by Dr. Barocas on or around November 4, 2024 documents some or all of the resulting injuries and damages.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt and Dr. Barocas. This is a personal injury, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt and Dr. Barocas, including its / his employees and agents, and including its / his physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the surgery. This includes, but is not limited to, negligent care related to the clipping / severing of, and injury to, the obturator nerve, and the failure to properly supervise the surgical resident who was involved in the surgery. These failures to comply with the applicable, recognized standard of acceptable professional practice caused injuries and damages to Mr. Ryan.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, permanent injury, past medical expenses, physical pain and suffering – past and future, emotional pain and suffering – past and future, loss of enjoyment of life – past and future, lost income, loss of earning capacity, future medical expenses, and all other available damages available in a personal injury, healthcare liability claim.



The full name and date of birth of the patient whose treatment is at issue are:

John Ryan, Jr.  
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

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1327 Holley Lane  
Metropolis, IL 62960

The name and address of the attorney sending this notice are:

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Cummings Law  
4235 Hillsboro Pike, #300  
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

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Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

\*\*\*\*\*

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at [brian@cummingsinjurylaw.com](mailto:brian@cummingsinjurylaw.com) or at 615-319-4347 (cell).

Sincerely,



Brian Cummings

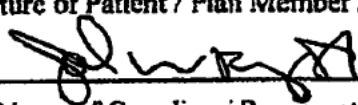
Enclosures

**NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE**  
**PURSUANT TO TENN. CODE ANN. §29-26-121(a)**

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Daniel Barocas	Vanderbilt Univ. Medical Center 1301 Medical 3800 The Vanderbilt Clinic Nashville, TN 37232	Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232	



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This authorization will expire on the following (fill in the Date or the Event but not both) Date: <b>01-02-2026</b> Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. § 29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
I understand that: <ol style="list-style-type: none"> <li>1. I may refuse to sign this authorization and it is strictly voluntary.</li> <li>2. If I do not sign this form, my health care and the payment history for my health care will not be affected unless stated otherwise.</li> <li>3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.</li> <li>4. If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.</li> <li>5. I understand my attorney will receive copies of all records received through this authorization.</li> <li>6. I, through my attorney, will receive a copy of this form after I sign it.</li> </ol>		
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<b>SECTION C: SIGNATURES</b>		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative: 		Date: <b>1/27/25</b>
Print Name of Guardian / Representative (if applicable):		Relationship to Patient (if applicable):

RECIPIENTS (Name & Address)	PROVIDERS (Name & Address)
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 Medical Center Drive Nashville, TN 37232
DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232	DR. DANIEL BAROCAS 1301 Medical Center Dr., #3800 Nashville, TN 37232



## Certificate of Mailing — Firm

Name and Address of Sender  Cummings Law 4235 Hillsboro Pike #300 Nashville, TN 37215	TOTAL NO. of Pieces Listed by Sender  6	TOTAL NO. of Pieces Received at Post Office™  6	Affix Stamp Here <i>Postmark with Date of Receipt.</i>   0000			
	Postmaster, per (name of receiving employee)  <i>OHay</i>					
USPS® Tracking Number Firm-specific Identifier	Address (Name, Street, City, State, and ZIP Code™)		Postage	Fee	Special Handling	Parcel Airlift
1. 9414811899560511831338	Vanderbilt Univ. Medical Center Attn: C. Wright Pinson 1211 Medical Center Drive Nashville, TN 37232		8.44			
2. 9414811899560511839907	Vanderbilt Univ. Medical Center 1161 21st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545		8.44			
3. 9414811899560511002585	Vanderbilt Univ. Medical Center 3322 West End Ave., #1100 Nashville, TN 37203-1000		8.44			
4. 9414811899560511844864	Vanderbilt Univ. Medical Center c/o National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546		8.44			
5. 9414811899560511021876	Dr. Daniel Barocas Vanderbilt Univ. Medical Center 1301 Medical / 3800 The Vanderbilt Clinic Nashville, TN 37232		8.44			
6. 9414811899560511096508	Dr. Daniel Barocas Vanderbilt Univ. Medical Center 1301 Medical Center Dr., #3800 Nashville, TN 37232		8.44			

## **EXHIBIT 2**



Case 3:25-cv-00443 Document 1 Filed 04/18/25 Page 49 of 51 PageID #: 49

2. Counsel for the Plaintiff consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under §29-26-115 to express opinion(s) in the case; and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that despite the absence of this information there is a good faith basis for maintaining the action against the Defendants consistent with the requirements of §29-26-115. Refusal of the Defendants to release the medical records in a timely fashion, or where it is impossible for the Plaintiff to obtain the medical records waives the requirement that the expert review the medical records prior to expert certification.

\_\_\_\_\_  
Signature of Plaintiff if not represented, or Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

1. I have been found in violation of T.C.A. §29-26-122 0 prior times.<sup>i</sup> (Insert number of prior violations by you.)



\_\_\_\_\_  
Signature of Person Executing This Document

4-18-25

\_\_\_\_\_  
Date

<sup>i</sup> Years ago, counsel for the Plaintiff previously marked on this type of form ("Certificate") for a relatively short period of time that there was "1" prior violation. After that time, counsel for the Plaintiff realized that the "1" violation was not attributable individually to counsel for the Plaintiff for purposes of this form to be a "prior violation by you," including because (1) that prior "violation" was by co-counsel from another law firm, (2) there were supporting experts

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for the claims in the document signed and filed by co-counsel, and (3) there was not a Tenn. Code Ann. §29-26-122(d) hearing held by a Court (and therefore no violation of Section (d) was found) because it was not a situation where a plaintiff was unable to provide expert proof to defeat a dispositive motion. For approximately one year, counsel for the Plaintiff included a footnote on his signed and filed Certificates that marked his improved understanding that he personally had “0” violations and explaining with a footnote why he no longer marked “1” on the forms. Then for subsequent years, counsel for the Plaintiff marked “0” without including an ongoing footnote and with no one claiming that this was inaccurate or concerning in any way. Because opposing counsel / defense counsel in another matter recently raised the issue (unsuccessfully) to a court about the lack of an ongoing footnote and the “0” vs. “1” issue, this footnote is included on this form. With that said, (1) counsel for the Plaintiff has never been found in violation of Tenn. Code Ann. §29-26-122, and (2) counsel for the Plaintiff has never been found in in violation of Tenn. Code Ann. §29-26-122 in any amount / number of times to require that any type of bond be filed with the Complaint. Finally, in April 2024 counsel for the Plaintiff obtained an informal opinion from the Tennessee Board of Professional Responsibility on this issue that states that counsel for the Plaintiff indicating “0” on this type of form appears to be acceptable and appears to be in good faith under the facts.